

Department of Employee Trust Funds
801 W. Badger Road
P.O. Box 7931
Madison, Wisconsin 53707-7931

GROUP HEALTH INSURANCE
MONTHLY ADDITIONS REPORT
Wis. Stat. § 40.06

Employer Name				Employer Number 69-036-		Group #		Plan #		Deduction Month		Coverage Month	
Enrollment Type/Code	Employee Type/Code	EMPLOYEE		Date of Hire or Re-hire	(From) Plan Suffix	Effective Date	Contract Type		PREMIUM ADJUSTMENT PREVIOUS MONTH(S)				
		Name Last, First, Middle I.	Social Security No.				Single	Family	Month	Amount			
TOTAL ADDITION IN CONTRACTS													
Post to Line 2 of the Monthly Coverage Report:													